

## SUMMARY

### **Efforts to Achieve Universal Coverage Immunization (UCI) in Lumajang District Through Coordination Analysis and Customer Value Immunization**

High coverage of immunization will not effectively prevent the occurrence of diseases that can be prevented by immunization (PD3I) in the community if immunization is not evenly distributed in all regions. Group immunity or community immunity is the situation of people who are protected or immune to certain diseases.

Coordination in immunization activities must be carried out from the top leadership of the community health center to health workers or among others, in addition coordination must also be carried out with external stakeholders such as cadres, village heads, parents and others. The coordination mechanism consists of direct supervision, standardization and mutual adjustment.

Parents are important stakeholders in basic immunization activities. Efforts to reach the UCI village cannot be separated from the willingness of parents to bring their children to the community health center to receive complete basic immunization. Immunization customer value is a perception of the benefits and sacrifices that may be obtained from immunization. Customer value can be seen from comparing the total benefits of customers with total customer costs.

This study was an observational study with cross sectional design and uses an analytical approach. This research was conducted from December 2017 to June 2018. Data was collected by interview techniques with structured guidelines and document research and field observations

The population in this study was villages in Lumajang district and parents who had children aged 12-24 months. The informants in this study were the heads of community health center, immunization coordinators, village midwives, cadres and mothers.

The sample selection in this study was carried out in stages using proportionate stratified random sampling to determine the villages. Based on the results of the villages sampling, a sample of mothers was determined. The method of selecting samples for mothers used multistage random sampling.

Coordination in the form of KISS (communication, integration, synchronization, simplification) has a positive effect to UCI achievement. Coordination is carried out at the operational level, namely village midwives, immunization coordinators and cadres. The villages midwife must involve an immunization coordinator and cadre in immunization activities in immunization activities in the villages

The operational procedure standard has a negative effect to UCI achievement. The incompleteness of the SOP archive in the village makes the midwife not carry out immunization activities in accordance with the SOP that has been made at the community health center level. Village midwives must keep

SOPs for immunization activities in the workplace and carry out immunization activities based on the SOP.

Direct supervision by the head of the community health center has a positive effect on the achievement of the UCI. The head of the community health center must carry out monitoring of village immunization activities at certain intervals to ensure the implementation of immunization activities goes according to plan.

The involvement of cadres has the greatest effect to UCI achievement. This shows that cadre involvement is needed in immunization activities. Good cooperation between village midwives and cadres can lead to the achievement of the UCI target. On the other hand the cadres involved did not have influence on KISS (communication, integration, synchronization and simplification).

Family support has effect to UCI achievement. Core family members such as husbands, parents or in-laws are individuals where mothers seek opinions about immunization before they act. An approach to the family of mothers must also be done by the midwife to increase family support for the mother.

Efforts to reach the UCI village must be done through a comprehensive approach from the management side of the immunization program, involving cadres in immunization activities and building positive family support for mothers.

## RINGKASAN

**Upaya Pencapaian Desa atau Kelurahan *Universal Coverage Immunization* (UCI) Kabupaten Lumajang Melalui Analisis Koordinasi dan *Customer Value* Imunisasi**

Cakupan imunisasi balita yang tinggi tidak akan efektif menangkal terjadinya penyakit yang dapat dicegah dengan imunisasi (PD3I) di masyarakat jika imunisasi tidak merata di semua wilayah. Kekebalan kelompok atau kekebalan masyarakat adalah situasi masyarakat yang dilindungi atau kebal terhadap penyakit tertentu.

Koordinasi dalam kegiatan imunisasi terjadi antara kepala puskesmas dengan tenaga kesehatan atau sesama tenaga kesehatan, selain itu koordinasi juga harus dilakukan dengan *stakeholder* eksternal seperti kader, kepala desa, orang tua dan lain-lain. Mekanisme koordinasi terdiri *direct supervision*, *standardization* dan *mutual adjustment*.

Orang tua adalah *stakeholder* penting dalam kegiatan imunisasi dasar. Upaya untuk mencapai desa UCI tidak lepas dari kemauan orang tua untuk membawa anaknya ke puskesmas mendapat imunisasi dasar lengkap. *Customer value* imunisasi adalah persepsi tentang manfaat dan pengorbanan yang mungkin didapat dari imunisasi. Menurut Kotler, *customer value* dapat dilihat dari membandingkan total manfaat pelanggan dengan total biaya pelanggan.

Penelitian ini merupakan penelitian observasional dengan desain *cross sectional* dan menggunakan pendekatan analitik. Penelitian ini dilakukan dari Desember 2017 hingga Juni 2018. Data dikumpulkan dengan teknik wawancara dengan panduan kuesioner terstruktur, telaah dokumen dan observasi lapangan.

Populasi dalam penelitian ini adalah desa atau kelurahan di kabupaten Lumajang dan orang tua yang memiliki anak usia 12-24 bulan. Informan dalam penelitian ini adalah kepala puskesmas, koordinator imunisasi, bidan desa, kader dan orang tua.

Pemilihan sampel dalam penelitian ini dilakukan secara bertahap menggunakan *proportionate stratified random sampling* untuk menentukan desa atau kelurahan. Berdasarkan hasil *sampling* desa atau kelurahan kemudian ditentukan sampel ibu balita. Metode pemilihan sampel untuk ibu menggunakan *multistage random sampling*.

Koordinasi berupa KISS (komunikasi, integrasi, sinkronisasi, simplifikasi) berpengaruh positif terhadap pencapaian UCI. Koordinasi dilakukan di level operasional yaitu bidan desa, koordinator imunisasi dan kader. Bidan desa harus melibatkan koordinator imunisasi dan kader dalam kegiatan imunisasi dalam kegiatan imunisasi di desa atau kelurahan.

*Standard operating procedure* (SOP) berpengaruh negatif terhadap pencapaian UCI. Ketidaklengkapan arsip SOP di desa membuat bidan tidak melaksanakan kegiatan imunisasi sesuai SOP yang telah dibuat di tingkat puskesmas. Bidan desa atau kelurahan harus mengarsipkan SOP kegiatan

imunisasi di tempat kerja dan menjalankan kegiatan imunisasi berdasarkan SOP tersebut.

Pengawasan langsung oleh kepala puskesmas berpengaruh positif terhadap pencapaian UCI. Kepala puskesmas harus menjalankan pemantauan kegiatan imunisasi desa dengan interval tertentu untuk memastikan pelaksanaan kegiatan imunisasi berjalan sesuai rencana.

Keterlibatan kader berpengaruh paling besar terhadap pencapaian UCI. Ini menunjukkan bahwa keterlibatan kader sangat diperlukan dalam kegiatan imunisasi. Kerjasama yang baik antara bidan desa atau kelurahan dan kader dapat mengarah pada pencapaian target UCI. Di sisi lain kader yang terlibat tidak memiliki pengaruh pada KISS (komunikasi, integrasi, sinkronisasi dan simplifikasi).

Dukungan keluarga berpengaruh terhadap pencapaian UCI. Keluarga inti seperti suami, orang tua atau mertua adalah individu di mana ibu mencari pendapat tentang imunisasi sebelum mereka bertindak. Sehingga pendekatan kepada keluarga juga harus dilakukan oleh bidan untuk meningkatkan dukungan keluarga kepada ibu.

Upaya untuk mencapai desa UCI harus dilakukan melalui pendekatan komprehensif dari sisi manajemen program imunisasi, melibatkan kader dalam kegiatan imunisasi dan membangun dukungan keluarga yang positif bagi ibu.

**ABSTRACT****Efforts to Achieve Universal Coverage Immunization (UCI) in Lumajang District Through Coordination Analysis and Customer Value Immunization**

Immunization is still an effective and efficient effort to prevent outbreak of vaccine preventable disease. High immunization coverage from the village will create herd immunity. Herd immunity is determined when 86% of villages in sub-districts or districts have reached universal coverage immunization (UCI) status. The purpose of this study was to formulate recommendations by analyzing organizational coordination and the immunization customer value to achieve UCI status. This research was an observational study with cross sectional design and analytical approach. Village samples were taken using the stratified random sampling method. The mother sample was taken by multistage random sampling method. This research was conducted from December 2017 to June 2018 through interviews using structured questionnaires, checklists and field observations. In the management aspect, KISS (communication, integration, synchronization, simplification) and direct supervision by the head of the community health center have effect to UCI achievement. On the other hand, standard operating procedure has negative effect to UCI achievement. The involvement of cadres in immunization activities and family support for mothers has effect to UCI achievement. The variable with the greatest effect is the involvement of cadres in immunization activities. Not all village midwives have immunization SOPs. Direct supervision by heads of community health center to village midwives is still lacking. Village midwives must have and carry out immunization activities according to the immunization SOP. The head of the community health center must arrange a schedule to supervise immunization activities in the village. Village midwives must approach family of mothers to provide information about immunization so that the family will support mothers to giving immunization to their child.

Keywords: immunization, customer value, coordination mechanism

## ABSTRAK

### **Upaya Pencapaian Desa atau Kelurahan *Universal Coverage Immunization* (UCI) Kabupaten Lumajang Melalui Analisis Koordinasi dan *Customer Value* Imunisasi**

Imunisasi masih menjadi upaya yang efektif dan efisien dalam mencegah kejadian luar biasa penyakit yang dapat dicegah dengan imunisasi (PD3I). Cakupan imunisasi yang tinggi dari desa atau kelurahan akan menciptakan kekebalan kelompok. Kekebalan kelompok ditetapkan ketika 86% desa di kecamatan atau kabupaten telah mencapai status imunisasi cakupan universal (UCI). Tujuan dari penelitian ini adalah untuk merumuskan rekomendasi dengan menganalisis koordinasi organisasi dan nilai pelanggan imunisasi untuk mencapai status UCI.

Penelitian ini merupakan penelitian observasional dengan desain *cross sectional* dan pendekatan analitik. Sampel desa diambil menggunakan metode *stratified random sampling*. Sampel ibu diambil dengan metode *multistage random sampling*. Penelitian ini dilakukan dari Desember 2017 hingga Juni 2018. melalui wawancara menggunakan kuesioner terstruktur, *check list* dan observasi lapangan.

Dalam aspek manajemen, KISS (komunikasi, integrasi, sinkronisasi, simplifikasi) dan pengawasan langsung oleh kepala puskesmas dengan nilai  $\beta=0,509$  berpengaruh terhadap pencapaian UCI. Di sisi lain, *standard operating procedure* (SOP) berpengaruh negatif terhadap pencapaian UCI. Keterlibatan kader dalam kegiatan imunisasi dan dukungan keluarga kepada ibu balita juga berpengaruh terhadap pencapaian UCI. Variabel dengan pengaruh terbesar adalah keterlibatan kader.

Tidak semua bidan desa memiliki SOP imunisasi. Supervisi langsung oleh kepala puskesmas kepada bidan desa masih kurang. Bidan desa harus mempunyai dan melaksanakan kegiatan imunisasi sesuai SOP imunisasi. Kepala puskesmas harus mengatur jadwal untuk melakukan supervisi kegiatan imunisasi di desa. Bidan desa harus melakukan pendekatan kepada keluarga ibu balita untuk memberikan informasi tentang imunisasi kepada keluarga ibu balita sehingga keluarga akan mendukung ibu untuk memberikan imunisasi kepada anak.

Kata kunci : imunisasi, *customer value*, mekanisme koordinasi